

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009837

FILED  
May 03, 2006  
Secretary of State

**Entity Name:** TOP OF THE BOTTOM OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

2933 MICHAEL DRIVE  
PENSACOLA, FL 325053917

**New Principal Place of Business:**

2924 MISSION RD.  
PENSACOLA, FL 325053917

**Current Mailing Address:**

2933 MICHAEL DRIVE  
PENSACOLA, FL 325053917

**New Mailing Address:**

**FEI Number:** 59-3453724      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WILLIAMS, WILLIE  
2933 MICHAEL DRIVE  
PENSACOLA, FL 325053917 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STRAUGHN, SUE  
Address: 4990 MOBILE HWY  
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete  
Name: BULLOCK, ELLIS W  
Address: 730 BAYFRONT PKWY  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: COLLIER, LACEY  
Address: 1 NORTH PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete  
Name: RAMOS, TAMELA  
Address: 11000 UNIVERSITY PKWY BLDG 53 RM 221  
City-St-Zip: PENSACOLA, FL

Title: DT ( ) Delete  
Name: STARRATT, JOANN  
Address: 2662 SHERRILANE DRIVE  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: ODOM, C. WAYNE  
Address: 1725 EAGLE TERRACE  
City-St-Zip: CANTONMENT, FL 32533

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE WILLIAMS

PD

05/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date